

Case Number:	CM14-0133525		
Date Assigned:	10/01/2014	Date of Injury:	07/23/2009
Decision Date:	12/19/2014	UR Denial Date:	08/05/2014
Priority:	Standard	Application Received:	08/21/2014

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Physical Medicine and Rehabilitation; has a subspecialty in Interventional spine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The patient is a 47-year-old female with a date of injury of 07/23/2009. According to progress report 01/29/2014, the patient presents with pain in the volar aspect of the right and left forearm extending to the right and left wrist. There is numbness and tingling sensation at the tips of all 5 digits of the left and right hand. Physical examination revealed tenderness in the volar aspect of the right and left forearm and in the palm of the bilateral hand. Range of motion of the elbows, forearms, wrists, and hands were normal bilaterally. The patient is status post bilateral carpal tunnel release in 1996, right lateral elbow release in 2010, right cubital release in 2012, right carpal tunnel release in 08/06/2013, and left carpal tunnel release in 12/03/2013. This is a request for EMG of the left hand, EMG of the right hand, NCS of the right hand, and NCS of the left hand. Utilization review denied the request on 08/05/2014. The medical file provided for review includes one progress report from 01/29/2014.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

EMG of the left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand, Electrodiagnostic studies (EDS)

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Electrodiagnostic studies (EDS) Carpal Tunnel Syndrome (Acute & Chronic) chapter, Electrical stimulation Electrodiagnostic studies (EDS) (http://www.odg-twc.com/odgtwc/Carpal_Tunnel.htm)

Decision rationale: This patient is status post bilateral carpal tunnel release in August and September of 2013. The current request is for EMG of the left hand. The Utilization review states that this patient has had multiple electro diagnostics testing and MRIs of the upper extremities prior to the carpal tunnel release in 2013. ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. However, ACOEM may apply to acute/subacute conditions. ODG guidelines has the following regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electro diagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." In this case, the patient presents with upper extremities symptoms and the treater is requesting both EMG and NCV. While ACOEM guidelines support electro diagnostic studies, ODG guidelines states EMG in addition to NCV studies are not generally necessary and EMG may be helpful in more difficult cases. In this case the treating physician has not documented any extenuating complexity to this case and the patient is not stated as a candidate for surgery. The requested EMG is not supported by ODG and therefore request is not medically necessary.

EMG of right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand, Electrodiagnostic studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Electrodiagnostic studies (EDS) Carpal Tunnel Syndrome (Acute & Chronic) chapter, Electrical stimulation Electrodiagnostic studies (EDS) (http://www.odg-twc.com/odgtwc/Carpal_Tunnel.htm)

Decision rationale: This patient is status post bilateral carpal tunnel release in August and September of 2013. The current request is for EMG of the right hand. The Utilization review states that this patient has had multiple electrodiagnostics testing and MRIs of the upper extremities prior to the carpal tunnel release in 2013. ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. However, ACOEM may apply to acute/subacute conditions. ODG guidelines has the following regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electro diagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." In this case, the patient presents with upper extremities symptoms and the treater is requesting both EMG and NCV. While ACOEM guidelines support

electro diagnostic studies, ODG guidelines states EMG in addition to NCV studies are not generally necessary and EMG may be helpful in more difficult cases. In this case the treating physician has not documented any extenuating complexity to this case and the patient is not stated as a candidate for surgery. The requested EMG is not supported by ODG and therefore request is not medically necessary.

NCS of right hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand, Electrodiagnostic studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Electrodiagnostic studies (EDS) Carpal Tunnel Syndrome (Acute & Chronic) chapter, Electrical stimulation Electrodiagnostic studies (EDS) (http://www.odg-twc.com/odgtwc/Carpal_Tunnel.htm)

Decision rationale: This patient is status post bilateral carpal tunnel release in August and September of 2013. The current request is for NCS for the right hand. ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines has the following regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be candidates for surgery. Electro diagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." In this case, the patient has undergone multiple Electro diagnostic testing, per UR dated 1/29/14. There is no change in diagnosis or new injury to warrant a repeat NCS testing therefore request is not medically necessary.

NCS of left hand: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM Chapter 11 Forearm, Wrist, and Hand Complaints. Decision based on Non-MTUS Citation Official Disability Guidelines, Forearm, Wrist, & Hand, Electrodiagnostic studies (EDS)

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 9 Shoulder Complaints Page(s): 206. Decision based on Non-MTUS Citation Official Disability Guidelines (ODG) Low Back - Lumbar & Thoracic (Acute & Chronic) chapter, Electrodiagnostic studies (EDS) Carpal Tunnel Syndrome (Acute & Chronic) chapter, Electrical stimulation Electrodiagnostic studies (EDS) (http://www.odg-twc.com/odgtwc/Carpal_Tunnel.htm)

Decision rationale: This patient is status post bilateral carpal tunnel release in August and September of 2013. The current request is for NCS of the left hand. ACOEM Guidelines page 206 states that electro diagnostic studies may help differentiate between CTS and other conditions such as cervical radiculopathy. ODG guidelines has the following regarding EDX and Carpal Tunnel Syndrome, "Recommended in patients with clinical signs of CTS who may be

candidates for surgery. Electro diagnostic testing includes testing for nerve conduction velocities (NCV), but the addition of electromyography (EMG) is not generally necessary." In this case, the patient has undergone multiple Electro diagnostic testing, per UR dated 1/29/14. There is no change in diagnosis or new injury to warrant a repeat NCS testing therefore request is not medically necessary.